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** FOREIGN APPLICATIONS ***** NONE 9NM					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>N/A</i> Verified and Acknowledged <i>Allowance</i> <i>None</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
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TITLE Hierarchical scheduling					
FILING FEE RECEIVED 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		